



RCG-2 List of Charitable Game Workers

Read this information first

In order for the individuals listed in Step 2 to participate in the management or operation of your charitable game events, all requested information must be complete and we must receive this form at least 14 days prior to the earliest event date listed in Step 1,

Item 2. In addition, the presiding officer and secretary listed on Form RCG-1, Charitable Game Application for License, must sign this form.

Step 1: Write your charitable game license number and event dates

1 Charitable game license no. **CG** - _____

2 This charitable game workers' list is for the following charitable game event dates:

Month Day Year Month Day Year Month Day Year Month Day Year

Step 2: List those who will participate in your events

List below the members, employees, or volunteers of your organization who will participate in the management or operation of your charitable game events. If more than 24 individuals will be participating in such activities, additional Forms RCG-2 must be completed. Setting up, cleaning up, selling concessions, working in the kitchen, or providing security for persons or property does not constitute participation in the management or operation of a charitable game event. The following individuals are ineligible to work charitable

game events: those who are professional gamblers, those who have been convicted of a felony within 10 years of the date your Form RCG-1, Charitable Game Application for License, was filed, those who have been convicted of any violation of the Criminal Code of 1961, Article 28, or those who are employed by or have any interest in any person, firm or corporation that holds a charitable game provider's or supplier's license.

1 _____
Name (print or type)

Number and street, city, state, ZIP

Social Security number _____ Date of birth _____

2 _____
Name (print or type)

Number and street, city, state, ZIP

Social Security number _____ Date of birth _____

3 _____
Name (print or type)

Number and street, city, state, ZIP

Social Security number _____ Date of birth _____

4 _____
Name (print or type)

Number and street, city, state, ZIP

Social Security number _____ Date of birth _____

5 _____
Name (print or type)

Number and street, city, state, ZIP

Social Security number _____ Date of birth _____

6 _____
Name (print or type)

Number and street, city, state, ZIP

Social Security number _____ Date of birth _____

7 _____
Name (print or type)

Number and street, city, state, ZIP

Social Security number _____ Date of birth _____

8 _____
Name (print or type)

Number and street, city, state, ZIP

Social Security number _____ Date of birth _____

9 _____
Name (print or type)

Number and street, city, state, ZIP

Social Security number _____ Date of birth _____

10 _____
Name (print or type)

Number and street, city, state, ZIP

Social Security number _____ Date of birth _____

Step 2: List those who will participate in your events (continued)

CG - _____

11 _____
Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

18 _____
Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

12 _____
Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

19 _____
Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

13 _____
Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

20 _____
Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

14 _____
Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

21 _____
Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

15 _____
Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

22 _____
Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

16 _____
Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

23 _____
Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

17 _____
Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

24 _____
Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

Step 3: Sign below

I hereby certify under penalties of perjury that the individuals listed above are bona fide members, volunteers, or employees of the licensed organization; that none of them participated in the management or operation of more than four charitable game events within

the calendar year; and that none of them will receive any remuneration or compensation directly or indirectly for participating in the management or operation of any charitable game event conducted by the licensed organization.

Presiding officer

Date

Secretary

Date

